

"As I have said, there are many cases which do not impress us, because they include women of advanced age. These I exclude altogether, but I shall be satisfied if I succeed in convincing my hearers that when any considerable growth of hair occurs upon the face of female insane patients, it is indicative of an unfavorable form of insanity, and such especially is the case in those women who have not reached middle age."

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UNILATERAL TRISMUS. The only case of unilateral trismus recorded, says the *Detroit Lancet* man, has been observed by Dr. Thenee, Elberfield (*Intern. Jour. of Med. and Surg.*, January 15, 1881; *Berlin. Klin. Wochenschr.*, No. 37, 1880). It was caused by an injury to the nasal bones, denuding them of their periosteum, produced by a fall. It was accompanied by facial paralysis of the same side, and continued four days. The other side then became involved, and the patient died next day.

The above case is certainly not the only one on record, as stated, though the unilateral symptom does not appear to have been observed in many cases. But in a paper on the "Pathology of Tetanus," in this JOURNAL for Jan. 1876, Dr. H. M. Bannister reports a case in which the trismus was at the beginning unilateral, and on the side of the face opposite to the injury that originated the disease. He then expresses the opinion that this phenomenon is in accordance with the theory of the involvement of the higher centres in the disorder. It is probable that the unilateral tonic spasm, in most cases where it occurs, is of very short duration, and that the tetanus becomes symmetrical at a very early period, probably as soon as or before the disorder is correctly diagnosed. Dr. Thenee's case is, therefore, chiefly remarkable for the duration of this phase of the attack.

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THE INITIAL SYMPTOM OF TABES. Fr. Müller, *Brochure*, Graz, 1880 (abstr. in *Centralbl. für Med. Wissensch.*, January 8th), has noted the following in the initial stage of locomotor ataxy: In twenty-one observations, he observed eight times a sudden and unilateral paralysis of accommodation, which was corrected by convex glasses, and which generally, even if bilateral, disappeared in a few weeks. This may be the only symptom of commencing tabes, but it is more frequently with paralytic mydriasis. Spinal myosis was entirely lacking in four of the twenty-one cases. An early and constant symptom is reflex pupillary rigidity, which was

lacking in only three out of seventeen cases examined in this particular. The atrophy of the optic nerve, connected with disseminated sclerosis is, according to Müller, to be distinguished from that due to tabes, by the fact that in it, with decided impairment of vision, the color-sense is retained intact. In four cases out of his twenty-one, the author found a retardation of pain-conduction, but he found much more common and early to appear was a decrease of the sense of pressure. Although he considers the absence of the patellar tendon reflex as an early symptom of the disorder, yet he finds it now and then retained with well-marked disease of the posterior column. In the vegetative sphere the author noticed the obstinate gastric catarrh, independent of indigestion or chilling, that had been previously described by Erlenmeyer, and, further, the presence of profuse perspiration of the feet, occurring even before the fulgurant pains, but which, later, disappeared altogether. As to whether articular or osseous disorders belong to the primary (the author adds "and rarest") symptoms of tabes or not, the opinions of other observers must be considered. In regard to the therapeutics, he agrees with most other authorities in recommending the application of the constant current, of moderate strength, along the spinal columns, with baths of from 89°-78° F., with corresponding frictions, and nitrate of silver and ergot internally. He does not recognize a causal nexus between syphilis and tabes; only when the symptoms of syphilis are manifest the specific treatment should be employed.

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THE GAIT IN CHRONIC ALCOHOLISM. Westphal, in the *Charité Annalen*, calls attention to a peculiar gait which he has observed in two cases of chronic alcoholism. This anomaly consists in the fact that the patient, in carrying forward the foot lifts the limb to a considerable height at the hip joint; while, at the same time, the leg remains flexed at the knee joint, and the foot is allowed to fall upon the ground with a quick, abrupt movement, as in stamping. The gait here described, though similar in regard to the motion at the hip and knee joints, differs from that in paralysis of the peroneus muscle in these respects: that the foot does not hang down, the point of the foot is not trailed forward, the manner of placing the foot is not the same, and the dorsal flexion of the latter is strong. Those suffering from *tabes*, also flex the limb markedly at the hip joint, but their gait differs from that under discussion, by the extension and hyperextension of